State West Virginia

3.1 AMOUNT, DURATION, AND SCOPE OF ASSISTANCE

ATTACHMENT 3.1-A and 3.1-B (Continued)

13. Other diagnostic, screening, preventive, and rehabilitative services, i.e., other than those provided elsewhere in this plan.

13(d) Rehabilitative services.

B. Behavioral Health Services:

Behavioral Health Services under the Rehabilitation option CFR 440:130(d) include any medical or remedial service recommended by a physician or licensed practitioner of the healing arts, for the purpose of reducing physical or mental disability and restoration of a recipient to his/her best possible functional level. These services are designed for all individuals with conditions associated with mental illness, substance abuse and/or drug dependency. The need for these services will be certified by a physician or licensed practitioner of the healing arts.

The providers are agencies or individuals licensed by the State and certified by the Office of Medical Services in accordance with West Virginia Code Chapter 27, Article 9, Section 1 and/or Chapter 49 of the Public Welfare Law Section 3, Article 2B to verify that the provider agency has employed qualified staff to provide the service. Any person or entity meeting requirements for the provision of Rehabilitation services will be given the opportunity to do so. The provider agencies are responsible for an internal credentialing process which maintains and monitors documentation in personnel

records that substantiate the current licensure and training status of all employees providing these services which includes licensed social workers, WV State Board of Social Workers, West Virginia Code Chapter 30, Article 30, licensed counselors in Chapter 30, Article 31 and State certified addiction counselors and other qualified staff who perform duties under the direct clinical supervision of a licensed practitioner as described in State Health Department Regulation 88-05.

1. Crisis Services

Crisis Services are based on a continuum of care ranging from the less restrictive setting which is crisis intervention in the home/community to a more restrictive setting which is treatment in a residential facility. If these interventions do not work, then the most restrictive would be a referral for inpatient psychiatric hospital services which is a separate state plan amendment and does not apply in this section.

(a) **Crisis Intervention:**

Unscheduled, face-to-face intervention with a recipient in need of emergency or psychiatric interventions in order to resolve an acute crisis. Depending on the specific type of crisis, an array of treatment modalities are available. These include but are not limited to individual intervention, and/or family intervention. The goal of crisis intervention is to respond immediately, assess the situation and stabilize as quickly as possible. Once the crisis is stabilized it would then be appropriate to initiate intensive in-home services as described in Section B page 5c & 5d, crisis support as described in this section, page 5b, or crisis stabilization

services as described on pages 5b and 5c.

(b) Crisis Support: (Residential Setting)

Crisis Support is a structured program which is provided in community-based, small residential settings licensed pursuant to West Virginia Code, Chapter 49, Section 3, Article 2B. The purpose of this service is to provide a supportive environment designed to minimize stress and emotional instability which has resulted from family dysfunction, transient situational disturbance, physical or emotional abuse, neglect, sexual abuse, loss of family or other support systems or the abrupt removal of a recipient from a failed placement or other current living situation. Crisis support services must be available 24 hours a day, seven days a week and consist of an array of services including individual and group counseling, intensive therapy, behavior management, clinical evaluation/assessment, treatment planning and health maintenance/monitoring.

(c) Crisis Stabilization:

An organized program of services designed to ameliorate or stabilize the conditions of acute or severe psychiatric signs and symptoms. This service is intended for any recipient who requires intensive crisis services without the need for a hospital setting and who, given appropriate supportive care, can be maintained in the community while resolving the crisis. Crisis stabilization services must be provided on the written order of a physician or licensed practitioner of the healing arts. Each recipient must have a psychiatric evaluation and an initial crisis stabilization

plan developed within 24 hours of service initiation. These services require approval by the Office of Medical Services' Utilization Review.

2. Rehabilitative Supportive Services:

Supportive services are face-to-face interventions which are intended to provide support to the recipient in order to maintain or enhance levels of functioning and to assist in day-to-day management and problem solving. These services include counseling, intensive-in-home services, specially designed behavior plans with scheduled direct intervention, and basic living skills development.

(a) **Counseling:**

A face-to-face scheduled supportive treatment modality which includes investigation, decision making, assessment and insight development in a group setting, individually, or conjointly.

(b) **Intensive In-Home Services:**

Intensive in-home services are provided in the place of residence when there exists the imminent risk of placement out-of- home as the result of abuse, neglect, delinquency, emotional/mental illness or behavior problems. These services can also be used during the transitional period when an individual moves from an out-of-home placement back to his/her home.

Intensive in-home services include evaluations, treatment planning, psychological/psychiatric evaluations, and individual and family therapy for the purpose of helping the recipient and family engage in learning new methods of interaction so as to avoid future situations which would threaten the integrity of the family.

Interventions provided are designed to enhance functional behaviors, resolve intrapsychic and/or interpersonal conflict. These are not to be confused with crisis intervention services which are by nature time limited and require immediate response. Case Management is also available but through a separate targeted case management approved State Plan which is not a part of Rehabilitation Services.

(c) Behavior Management Services:

Behavioral management services consist of a two-step approach in order to change or modify maladaptive behaviors. The first step is development of a behavioral plan which specifically addresses behaviors to be extinguished. The plan must include specific objectives, criteria, methods of implementation, schedule and method of reinforcements, projected achievement dates and person(s) responsible to implement the plan. The process for development consists of assessment, data collection, observation of client and testing. This process determines the continuation, modification or termination of the plan. The second step is the hands-on, face-to-face contact intervention with the client. A specific intervention written in the plan must be provided in order for this service to be acceptable. General observations and monitoring alone are not acceptable methods of implementing the plan.

(d) Basic Living Skills Development and Supportive Services:

Basic living skills development and supportive services is a combination of structured group activities and individual support offered to recipients who have basic skill deficits. These skill

deficits may be due to different factors such as history of abuse or neglect, years spent in institutional settings or supervised living arrangements that did not allow growth and development in the areas of daily living skills that are acquired during formative years. The purpose of this service is to provide therapeutic activities focused upon basic living skills services which are elementary, basic and fundamental to higher level skills and are designed to improve or preserve a recipient's level of functioning. Services include but are not limited to learning and demonstrating personal hygiene skills, learning to responsibly manage sexual behavior, managing living space, social appropriateness and learning skills of daily living. These same services may be provided to an individual in his/her natural environment through a structured program as identified in the goals and objectives described in the treatment plan.

(e) **Early Intervention:**

Early Intervention services are available to all recipients who have identified handicapping conditions or who are at risk for developmental delays due to biological or environmental factors. Biological risk is defined as the presence of a documented history of prenatal, perinatal, neonatal, or early developmental events or conditions suggestive of damage to the central nervous system or of later atypical development, such as, but not limited to meningitis, heart defects, or bronchopulmonary dysplasia. Established risk factors are defined as the presence of a developmental delay or deviation of unknown etiology, or to a diagnosed medical disorder of

known etiology such as, but not limited to, cerebral palsy, spina bifida, Down's Syndrome, microphalli, or infantile autism. Environmental risk is defined as the presence of an environmental factor that may pose a serious threat to an individual's development, such as, but not limited to, inadequate health care, poor nutrition, lack of physical or social stimulation, or psychotic, drug-dependent, or alcohol-dependent family members. Services are provided at a level of intensity and in settings determined by the treatment team to ensure that individuals and their families have access to needed services and resources and that necessary evaluations are conducted and treatment plans are developed and implemented by the family/professional. The reassessment of a recipient's needs occurs on an ongoing basis and at regularly scheduled 90 day intervals to facilitate the developmental progress.

(f) **Evaluations and Treatment Plan Development:**

1. Clinical Evaluations:

Clinical evaluations are professional evaluations conducted to determine needs, strengths, levels of functioning, developmental level, functional behaviors, mental status, chemical dependency, social and/or life skill deficits; to assess physical or mental disabilities; and/or to develop the social history. Such evaluations are focused on the individual and may be conducted in the individual's natural environment in order that the environmental context may be considered in the assessment process.

3.1 AMOUNT, DURATION, AND SCOPE OR ASSISTANCE

ATTACHMENT 3.1-A AND 3.1-B

Amount, duration and scope of medical and remedial care and services provided.

2. Treatment Plan Development

Treatment planning is the process by which a team of behavioral health staff meet in order to review assessments; identify client needs; and establish goals, interventions and time frames necessary to implement individual treatment plans.

Treatment planning includes initial plan development and review and revision at designated intervals.

16. **Inpatient Psychiatric Facility Services for Individuals Under 22 Years of Age**

Preadmission review of medical necessity and prior authorization required.

A psychiatric hospital or an inpatient psychiatric program in a hospital must be accredited by the Joint Commission on Accreditation of Healthcare Organizations.

Services are covered in Medicare certified psychiatric hospitals, or distinct psychiatric inpatient units of acute care general hospitals.

Inpatient Psychiatric Services for Individuals Under Age 22 may also be provided in free-standing or distinct part Psychiatric Residential Treatment Facilities (PRTFs) which hold licensure as a behavioral health agency pursuant to 27-9-1 or 27-2A-1 of the West Virginia Code and licensure as a child care agency pursuant to 49-3B-2 of the West Virginia Code. Facilities located outside the State of West Virginia must meet all licensing requirements for Psychiatric Residential Treatment Facilities in the state where the facility is located and be certified to serve Title XIX recipients in that state. Inpatient Psychiatric Facilities for Individuals Under Age 22 and Psychiatric Residential Treatment Facilities must be accredited by the Joint Commission on Accreditation of Healthcare Organizations, or the Council on Accreditation of Services for Families and Children, or the Commission of Accreditation of Rehabilitation Facilities, or any other accrediting body with comparable standards that is recognized by the State.

Facilities may be freestanding or a distinct part of an acute care general, or psychiatric hospital. Psychiatric Residential Treatment Facilities are limited in size to 30 beds.

3.1 AMOUNT, DURATION AND SCOPE OF SERVICES

18. Hospice Care (in accordance with §1905(o) of the Act.

A participating hospice meets the Medicare conditions of participation for hospices and has a valid provider agreement. Hospice services are those services defined in Medicare law and regulations and as specified in the Code of Federal Regulations, Title 42, Part 418.

A. Covered Services

1. As required under Medicare and applicable to Medicaid, the hospice itself must provide all or substantially all of the "core" services applicable for the terminal illness which are nursing care, physician services, social work, and counseling (bereavement, dietary, and spiritual).

a. **Nursing Care**: Nursing care must be provided by a registered nurse or by a licensed practical nurse under the supervision of a graduate of an approved school of professional nursing and who is licensed as a registered nurse.

b. **Physician Services**: Physician services must be performed by a professional who is licensed to practice, who is acting within the scope of his or her license, and who is a doctor of medicine or osteopathy, a doctor of dental surgery or dental medicine, a doctor of podiatric medicine, a doctor of optometry, or a chiropractor. The hospice medical director or the physician member of the interdisciplinary team must be a licensed doctor of medicine or osteopathy.

c. **Medical Social Services**: Medical social services must be provided by a social worker who has at least a bachelor's degree from a school accredited or approved by the Council on Social Work Education, and who is working under the direction of a physician.

d. **Counseling Services**: Counseling services must be provided to the terminally ill individual and the family members or other persons caring for the individual at home. Bereavement counseling consists of counseling services provided to the individual's family up to one year after the individual's death. Bereavement counseling is a required hospice service, but it is not reimbursable.

2. Other services applicable for the terminal illness that must be available but are not considered "core" services are drugs and biologicals, home health aide and homemaker services, inpatient care, medical supplies, and occupational and physical therapies and speech-language pathology services. These services may be arranged, such as by contractual agreement, or provided directly by the hospice.

a. **Short-term Inpatient Care**: Short-term inpatient care may be provided in a participating hospital or nursing facility. General inpatient care may be required for procedures necessary for pain control or acute or chronic symptom management which cannot be provided in other settings. Inpatient care may also be furnished to provide respite for the individual's family or other persons caring for the individual at home.

b. **Durable Medical Equipment and Supplies**: Durable medical equipment as well as other self-help and personal comfort items related to the palliation or management of the patient's terminal illness is covered. Medical supplies include those that are part of the written plan of care.

c. **Drugs and Biologicals**: Only drugs used which are used primarily for the relief of pain and symptom control related to the individual's terminal illness are covered.